SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Concession (Received)

GM 0/2017

Date: Rermit #: Amount Paid: Refund: A75.00 F S 5 5 5

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

	_	×	_				on (specify)	ion/Alterati	Accessory Building Addition/Alteration (specify)	Accessor	_ -	-	
	<u>_</u>	×	_			Land Control of the C	•	(specify)	Accessory Building (spe	Accessor		Municipal Use	F
744	و ا	x	_		- William		Der ch	(specify)	Addition/Alteration (spe	Addition,	P		_
- Constitution	; -	: ×	1-	A CONTRACTOR OF THE CONTRACTOR	Websiement of the)	red date)	Mobile Home (manufactured date)	Mobile H			
		×	1-	rep facilities)	g & food pr	or 🗆 cooking	ing quarters, g	, <u>or</u> □ sleepi	bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	Bunkhou	- C	Ochemia	
the state of the s	_	×	<u> </u>					d Garage	with Attached Garage		72 0 15 15 15 15 15 15 15 15 15 15 15 15 15	Commercial Use	[]
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Hermone	_	×	_	www.min.ti-disputparana				rch	with (2 nd) Porch		Sudirec	18000	
)	×	_						with a Porch		0000	Residential Use	
	_	×			:				with Loft			\	
	_	×	F				etc.)	iting shack, (Residence (i.e. cabin, hunting shack, etc.)	Residence			
44444444444444444444444444444444444444	_	×	-				property)	structure on	Principal Structure (first structure on property)	Principal		PAGE AND	
Square Footage	ons	Dimensions				D	Proposed Structure	Propos			4	Proposed Use	
	Height:	rqe			Width:	<u>જ</u> િ		Length:	•	Parch	ion:	Proposed Construction:	P
(A)	Height:	mp.		n: 38	Width:	36		Length:	rr is relevant to it)	ng applied to	if permit bei	Existing Structure: (if permit being applied for is relevant to it)	
				None	Nc				12 Stab	were record and the			
				Compost Toilet					☐ Foundation		Property		
		ontract)	více c	Portable (w/service contract)	□ Po	☐ None		nt ne	☐ No Basement	ness on	Run a Business on	distribution of the control of the c	
(B(1 20	ulted (m	ا د	Privy (Pit) or	□ Pri				1 1	existing bldg)	Relocate (existing bldg)		ł
	51	cify Type	s) Spe	Sanitary (Exists) Specify Type:	Z _a	□ 3		_		3	Conversion	1888 T	-(/)
 		Specify Type: _		(New) Sanitary	N (N	Z	⊣ Year Round		☐ 1-Story + Loft	Alteration	Addition/Alteration		-
☐ City		***************************************		Municipal/City	E	□ 1 1	Seasonal	☐ Se	1-Story	truction	■ New Construction		
Water	Ë	What Type of wer/Sanitary System is on the property?	hat T Sanit the p	What Ty Sewer/Sanita Is on the pr	v.	# of bedrooms	Use		# of Stories and/or basement	ia.	Project	of Completion * include donated time & material	c 0 -
												Volument Times	- -
2780	8		feet				tinue 🛶	If yescontinue					
Present?	Is Property III Floodplain Zone? □ Yes	- Floodp	feet le:	fee from Shoreline :	∾.	Distance Structure	tinue —	If yes-con	Creek or Landward side of Floodplain? If yes—continue —	dward side o	Creek or Lan	Shoreland —	
Are Wetlands	merty in	le Dry	ie:	is from Shoreline :	tructure is	Distance Structure	Intermittent)	; Stream (incl.	າ 300 feet of River	//Land withir	ls Property		
5, M	Acreage \mathcal{S}_{o}		Lot Size	Lo		wes.	Town of	€	N, Range 9	45	, Township	Section 34	
As a subject of the supplement		ion:	Subdivision:	Block(s) No. Su		Lot(s) No.	Vol & Page	CSM	Lot Lot(s)	Gov't Lot	S (1/4)	SE 1/4, S	
Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 108 2 R- 4 9	(i.e. # assigned by	#: (CS	Recorded (Document	Doc	***		Sits)	Tax ID# (4-5 digits)	(Use Tax Statement)		Legal Description:	PROJECT LOCATION	
Written Authorization Attached Pes No	Attached		e/Zip):	Agent Mailing Address (include City/State/Zip):	Address (in	gent Mailing	*	Agent Phone:	(f of Owner(s))	ication on behall	on Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))	₽
Phone:	Plumber Phone:			To the state of th	nla	Plumber:		Contractor Phone:		astractor	Cars	Contractor:	ն
167-259-836	163 a			27.8	5487	EH E	avaes,	S)	RA	, lake	ROWS	The last	
ë.	Cell Phone:	£8 h		View (e)	Yand.	12	Box/a	Q.O.	r laco	2 hpn	1	Jona Jona A	2
e:	윤	0.0	000		City/State/Zip:	City/State/	1 7 1	~ ~	E JAN			Owner's Name:	9 -
OTHER		□ RO A	7	SPECIAL INSE	שאוו וגנו	ובות האברות ה		881			TCTED_	יחב עכ סבסוווד פבטן	او

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): Dwner(s): $\frac{}{}$ $\frac{$ Show Date Date 8

> Special Use: (explain) Conditional Use: (explain)

 $\times \times \times$

Other: (explain)

Authorized Agent:

Address to send permit

0

Box

 $\tilde{\psi}$

270

() Her

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) 10°

Attach

SY839

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			#	Feet		າg)	Setback to Privy (Portable, Composting)
			*	Feet	25	23	Setback to Drain Field
Feet	Ç	Setback to Well	*	Feet	ਕਤ÷	nk 22	Setback to Septic Tank or Holding Tank
Feet		Elevation of Floodplain	*	Feet	20 20 20 20 20 20 20 20 20 20 20 20 20 2		Setback from the East Lot Line
S Z	☐ Yes	20% Slope Area on property	34	Feet	હેં હ		Setback from the West Lot Line
Feet	parent pa	Setback from Wetland	at .	Feet	450		Setback from the South Lot Line
			3€	Feet			Setback from the North Lot Line
Feet	4	Setback from the Bank or Bluff					
Feet	/	Setback from the River, Stream, Creek	#	Feet	7	f-Way	Setback from the Established Right-of-Way
Feet	$\cap \land i \wedge$	Setback from the Lake (ordinary high-water mark)	14) Feet	173	ed Road	Setback from the Centerline of Platted Road
ement	Measurement	Description		ment	Measurement		Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

iously surveyed corner or marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: 🖂 Hold For TBA: 🗎 Ho	Signature of Inspector:	riope of Soil inspectasis Contract.	and secure a DOC permit it the requested project	Condition(s): Town, Committee or Board Conditions Attached? Tyes I No - (If No they need to be attached.) MUST C・ハナベロー (ODC) いい	Date of Inspection: 6/9/20/7	Code Compliant OK to issue LU Permit	location as	0	Granted by Variance (B.O.A.) Yes がんの Case #: 人) 分	Is Parcel a Sub-Standard Lot	Permit #: //7-6809 Permit Date:	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Num
Hold For Affidavit:		boxtract.	it the ligo	The - (If No they need to be atta	Inspected by: Robert Sch	LU Poralt	identities by o	Were Property Line	Previously Granted by Variance (B.O.A.)	No Mitigation Required Mitigation Attached	(0-10-17) enial:	Sanitary Number: 67-225
Hold For Fees: 🗌			Stor Project	25 (OBC) (25	o central o		5 south ormo	Were Property Lines Represented by Owner 22 Was Property Surveyed	/Variance (B.O.A.) Case #:	□Yes ZNo Affi □Yes ZNo Affi			# of bedrooms:
	Date of Approval: 6/9/8		からるるます	pection asency	Date of Re-Inspection:	akes Classificatio	Zoning District	☐ Yes ☐ No	$\Delta \mathcal{O}$	Affidavit Required ロYes べいo Affidavit Attached ロYes それの			Sanitary Date: 13-13-0"

Village, State or Federal May Also Be Required

JAND USE - X

SANITARY - 07-2238

SIGN
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	209		ļ l	sue	d To: Jo	natha	n & Judy S	h						
Par in Location:	SE	1/4	of	SW	1/4	Section	34	Township	45	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	_ot		Blo	ck	Su	bdivisio	on				CSM#	

For: Residential Addition / Alteration: [1- Story; Porch (12' x 12') = 144 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency and secure a UDC permit if the requested project falls within the scope of said inspectors contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 12, 2017

Date